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TRANSMITTAL FORM

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Application Number	10/757,129		
	Filing Date	January 14, 2004	
	First Named Inventor	Steven J. HARRINGTON	
	Group Art Unit	2625	
Examiner Name	Scott A. Rogers		
Total Number of Pages in This Submission		Attorney Docket Number	D/A3266(1580/3930)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
<input checked="" type="checkbox"/> European Search Report	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s)	3 references for IDS
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Sean A. Pryor, Reg. No. - 48,103 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	October 3, 2007

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)	
Steven J. HARRINGTON)	
Application No. 10/757,129)	Examiner: Scott A. Rogers
Filed: January 14, 2004)	Group Art Unit: 2625
For: METHOD AND SYSTEM FOR DEVICE- INDEPENDENT COLOR GAMUT MAPPING)	Confirmation No. 3814
)	Date: October 3, 2007

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. §1.56, Applicants hereby submit the following information in conformance with 37 C.F.R. §§ 1.97 and 1.98. Pursuant to 37 C.F.R. § 1.98, a copy of each of the documents cited is enclosed.

The undersigned certifies that either (1) each item of information contained in this information disclosure statement was first cited in a communication from a foreign patent office in connection with a counterpart foreign application not more than three (3) months prior to the filing of this statement, or (2) no item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application and to my knowledge after making reasonable inquiry, was known to any individual designated in 37 C.F.R. § 1.56(c) more than three months prior to the filing of this statement.

It is requested that the accompanying PTO-1449 be considered and made of record in the above-identified application. To assist the Examiner, the documents are listed on the attached form PTO-1449. It is respectfully requested that an Examiner initialed copy of this form be returned to the undersigned.

The Commissioner is hereby authorized to charge any fees to comply with the provisions of 37 C.F.R. § 1.97(c) connected with this filing which may be required now, or credit any overpayment to Deposit Account No. 19-2380.

Respectfully submitted,

By: Sean A Pryor
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